



**REPRESENTATIVE PAYEE AGREEMENT
FOR SUPPLEMENTAL ASSISTANCE FOR
PERSONAL NEEDS**

State Form 51042 (R/1-03) / FI 0046

Name of Recipient	Case Number
Address	Caseworker
	Date

APPOINTMENT OF REPRESENTATIVE PAYEE

Part 1

I appoint _____ to be the payee for my monthly Supplemental Assistance for Personal Needs check.

Signature

Date

(Check one) ☐ This is a new payee appointment. ☐ This is a change of payee appointment.

ACCEPTANCE AND AGREEMENT BY REPRESENTATIVE PAYEE

Part 2

I, _____ accept the responsibility of being representative payee for the above-named person's Supplemental Assistance for Personal Needs benefit check. I understand the responsibilities and agree to the following:

- I will not withhold any portion of the benefit as a fee for my being a representative payee.
- I will spend the monthly benefit solely for the personal needs of the recipient named above.
- If I become unable to serve as representative payee, I will notify the Local Office of Family and Children immediately.
- I understand that the recipient of Supplemental Assistance for Personal Needs may at any time revoke this appointment.
- I understand that if the Local Office of Family and Children has documented proof that I have not expended the benefit properly, a new payee can be appointed.

My relationship to the recipient of Supplemental Assistance for Personal Needs is: (Check all that apply)

- ☐ Payee for SSI ☐ Court-appointed legal guardian ☐ Power of Attorney ☐ Spouse ☐ Friend
- ☐ Son or daughter ☐ Other family member ☐ Health care facility employee ☐ Other _____

Representative's Signature

Date

Representative's Mailing Address: _____
